

SICK LEAVE ASSISTANCE PROGRAM

Status:	Active Policy
Effective Date:	July 1, 2006 through June 30, 2008
Revised Date:	N/A
Approved By:	J. Stephen Fletcher, CIO
Authority:	<i>Utah Administrative Code R477-7-18</i>

6.1 PURPOSE

This policy establishes a sick leave assistance program to provide a process whereby employees may donate eligible leave hours to other employees whose leave benefits have been exhausted.

6.1.1 Background

This program provides needed paid leave to qualifying Department of Technology Services (DTS) employees who have exhausted all leave balances but need to be absent from work for an extended time because they have a serious chronic illness or because they (or an immediate family member) have suffered a catastrophic illness or injury. This policy is not intended to create an entitlement or to underwrite the abusive use of sick leave or to replace Long Term Disability (LTD).

6.1.2 Scope

This policy applies to all benefits-eligible employees of DTS.

6.1.3 Exceptions

None

6.2 DEFINITIONS

Catastrophic Illness or Injury

An illness, acute physical condition, or injury which is life-threatening or incapacitating and which reasonably requires the employee to be absent from work for an extended period of time.

Donee Employee

An employee who has been approved by the Department to receive sick leave donations under this policy.

Immediate Family Member

A spouse or dependent living in the employee's home. The term "immediate family member" may also include an employee's parent living out of the employee's home if

the Department has approved the employee for Family and Medical Leave to care for the parent. For the purpose of this policy, the terms “spouse” and “parent” are defined as in the federal Family and Medical Leave Act.

Serious Chronic Illness

A disease or illness of long duration characterized by slowly progressive and serious debilitation or disability, or by serious and persistent symptoms, if such debilitation, disability, or symptoms reasonably require the employee to be frequently absent from work and make periodic visits for treatment by a licensed health care provider. The term “serious chronic illness” does not include any disease or illness for which the employee can receive periodic treatments during reasonably short visits to the employee’s health care providers, and for which the employee can avoid the need for additional sick leave benefits by making reasonable adjustments in the employee’s work schedule to accommodate the necessary doctors’ appointments or treatment programs.

6.3 POLICY

The Sick Leave Assistance Program allows for the establishment of sick leave banks designated for specific employees who meet the criteria articulated in this policy.

6.3.1 Criteria

6.3.1.1 Eligibility to Receive Leave Bank Donations

The Department may establish a sick leave bank when an employee has exhausted the usual leave benefits but needs an additional extended leave from work because:

- the employee has a catastrophic illness or injury;
- an immediate member of the employee’s family has a catastrophic illness or injury and the employee is needed to care for that individual; or,
- the employee has a serious chronic illness.

Only those Department employees who are eligible for leave benefits may receive Sick Leave Assistance under this policy.

6.3.1.2 Eligibility to Donate to the Sick Leave Bank

Only annual leave, excess hours, compensatory time earned by an FLSA nonexempt employee, or converted sick leave hours may be donated to a leave bank. An employee eligible for leave benefits may voluntarily donate these hours to a specific employee’s sick leave bank, as long as the donating employee has a combined minimum leave balance of at least 10 days (80 hours) of sick and annual leave remaining after the donation. *Employees **may not** donate sick leave.*

6.3.1.3 Voluntary Nature of the Sick Leave Assistance Program

The Sick Leave Assistance Program is entirely voluntary. No employee is required to donate to the sick leave bank, and no employee is entitled to receive sick leave donations from another employee unless the Department approves a sick leave bank arrangement for that employee and unless a fellow employee voluntarily

donates the hours to the donee employee. Employees and their family members are prohibited from soliciting donated leave for themselves or others.

6.3.1.4 When an Employee May Use Donated Hours

- 6.3.1.4.1 A donee employee may not use the hours donated to a leave bank until that employee has exhausted all other accrued leave balances, including annual leave, sick leave, converted sick leave, compensatory time, and excess leave.
- 6.3.1.4.2 An employee approved for sick leave assistance may not begin to use donated leave hours prior to the effective date of the leave bank as determined by the Department, or until the leave bank has been approved. The Department shall not backdate the effective date of the leave bank due to an employee not applying in a timely manner, or if a supervisor failed to forward the request in a timely manner.
- 6.3.1.4.3 The donee employee may use the donated bank hours to supplement Workers Compensation benefits, so long as the combined leave bank hours and Workers Compensation benefits do not exceed the employee's usual gross salary.
- 6.3.1.4.4 Donee employees may use donated leave hours to supplement their work time and accrued leave benefits, so long as the combined total of work time, accrued leave, and leave bank hours does not result in overtime or excess hours. Donees approved to work part time shall not be allowed leave bank hours that result in being compensated for more than their normal regular hours. Donee employees shall provide evidence from a physician or other licensed health care provider of their inability to work full time, and must indicate the number of hours they can work each day, as well as the date the employee will again be able to work full time.
- 6.3.1.4.5 Donated hours shall not be approved for employees receiving Social Security Disability or LTD benefits.
- 6.3.1.4.6 Employees approved to receive sick leave assistance under this policy shall use donated leave concurrently with any applicable Family and Medical Leave benefits.

6.3.1.5 Maximum Number of Hours Available from the Leave Bank

All donated leave converts into sick leave for the donee employee to use, but a donee employee may use no more than 480 leave bank hours in any calendar year or per approved leave bank request.

6.3.1.6 Coordination with Leave Bank Programs in Other Departments

Department employees may voluntarily donate annual leave to, or receive donated hours from, other departments of Utah state government with approved leave-bank policies, if such an arrangement is mutually agreed upon in advance by both

agencies.

6.3.1.7 Accrual of Donee's Leave

A donee employee shall accrue sick leave and annual leave as usual when the donee employee is using the donated leave.

6.3.1.8 Executive Director Discretion

The Executive Director has the discretion to make exceptions to this policy.

6.4 PROCEDURES

6.4.1 Leave Bank Request

6.4.1.1 Departmental Approval Required

The Department shall not establish a sick leave bank for an employee unless the employee's request has been approved by:

- the employee's Supervisor; and,
- the Executive Director of DTS.

To apply for the Sick Leave Assistance Program, an employee must follow the procedures described below.

6.4.1.2 Leave Bank Request Forms

An employee who wishes to have a leave bank established in his or her name shall complete the following forms and submit them to the employee's Supervisor:

- *Application for Leave Bank Form* (the "application form"); and,
- *Leave Bank Medical Verification Form* (the "verification form").

Sample copies of the application and verification forms are attached to this policy (See Appendix A.) Contact the Department Human Resources Technician for current versions.

6.4.1.3 Family and Medical Leave Forms

If the employee is also requesting Family and Medical Leave benefits, the employee shall complete the required FMLA forms and submit them to their Supervisor.

6.4.1.4 Supervisor's Review

Upon receiving the application and verification forms from an employee, the Supervisor shall:

- review these forms to ensure that they are complete;
- determine, based upon the application form, the verification form, the provisions of this policy, and other relevant facts, whether the employee qualifies for a sick leave bank;

- determine whether there is any documented corrective or disciplinary action for leave abuse by the requesting employee.

6.4.1.5 Supervisor's Approval or Denial

Based upon a review of this policy, the application form, the verification form, any documented corrective action or disciplinary action for leave abuse, and other relevant facts, the Supervisor shall:

- make a recommendation on the appropriateness to establish a sick leave bank for the requesting employee;
- indicate the recommendation of approval or denial on the application form;
- forward the originals of both forms to the Executive Director of the Department.

6.4.1.6 Review by the Executive Director of the Department

Upon receipt of a sick-leave bank application from the Supervisor, the Executive Director of the Department has five business days to review the submitted materials and approve or deny the request. In reviewing the request to establish a leave bank, the Executive Director shall:

- consider any documented corrective or disciplinary action for leave abuse by the requesting employee;
- approve the effective date of the assistance.

The Executive Director, or designee, shall send a letter approving or denying the request to the employee, the employee's Supervisor, and the Payroll Technician (if approved).

The Supervisor shall then place a copy of the documentation in the employee's separate medical file.

6.4.1.7 Notification of a Leave Bank

Upon approval of a leave bank, Department employees will be notified about the leave bank. Such notification shall include the name of the employee requesting the leave and the effective date of the leave bank, but shall not include any medical information submitted as part of the leave-bank application process.

6.4.2 Leave Donation

6.4.2.1 How to Donate Leave

Employees who wish to donate leave shall submit their request, using the Leave Bank Donation Request, to the Payroll Technician for leave adjustment.

6.4.2.2 Donor Confidentiality

Donors' names and the amounts of their donations are confidential information and shall not be disclosed to the donee employee.

6.4.2.3 Posting of Donated Leave

Donated leave shall be posted on the bi-weekly time sheet as the sick leave is used by the donee employee. Donated leave *shall not* be posted in advance of actual use by the donee employee, or prior to the effective date the leave bank was approved.

6.4.2.4 Unused Donated Leave

Donated leave that was unused by the donee employee *will not* be retained in the leave bank, nor will it be returned to the donors, nor remain in the donee's leave balance.

6.4.3 Confidentiality of Medical Information

6.4.3.1 Nondisclosure of Medical Information

All medical data and records about an employee are confidential. Employees of the Department shall not reveal the medical status or condition of a donee employee or the employee's family member in oral or written communications.

6.4.3.2 Separate Medical File

All documents relating to an employee's leave bank shall be kept in a separate medical file and *not* in the employee's personnel file.

6.6 APPENDIX A: SAMPLE FORMS

The following forms are for demonstration purposes only. Contact the Department Human Resources Technician for current versions.

DOCUMENT HISTORY

Originator:	Larene Wyss, DTS HR
Next Review:	May 15, 2008
Reviewed Date:	June 14, 2006
Reviewed By:	Larene Wyss, DTS HR

DEPARTMENT OF TECHNOLOGY SERVICES
LEAVE BANK MEDICAL VERIFICATION

(To be completed by physician or licensed health care provider ONLY)

1. Employee Name: _____
2. I certify that this employee needs to be absent from work for an extended period of time because:
- ☐ The employee has a catastrophic illness or injury (that is, an illness, acute physical condition or injury which is life-threatening or incapacitating, and which reasonably requires the employee to be absent from work for) an extended period of time.
- ☐ An immediate member of this employee's family has a catastrophic illness or injury and it is necessary that the employee miss work for an extended period of time to care for this relative:
- This immediate family member is (*check one*):
- ☐ employee's spouse
- ☐ dependant living with the employee
- ☐ employee's parent who lives outside the employee's home
- ☐ This employee has a serious chronic illness (that is, a disease or illness of long duration characterized by slowly progressive and serious debilitation or disability, or by serious and persistent symptoms that reasonably require the employee to be frequently absent from work and make periodic visits for treatment by a licensed health care provider.) The employee cannot avoid the need for additional sick leave benefits by making reasonable adjustments in the work schedule to accommodate this condition.

Objective medical facts that support the employee's claim: _____

3. Date on which employee became unable to work: _____
4. Expected date of return to work: _____
5. Name of physician or licensed health care provider: _____
6. Signature of physician or licensed health care provider: _____
7. Date: _____
9. Physician or health care provider's phone # (_____) _____

MEDICAL RELEASE OF INFORMATION
(To be completed by employee)

I authorize the release of medical information regarding myself, or if for FMLA reasons, medical information about my spouse, or dependents living in my home, or a parent living out of my home. This medical information shall be used for the purpose of establishing a sick leave bank in my name.

Employee's signature: _____ Date: _____

**DEPARTMENT OF TECHNOLOGY SERVICES
APPLICATION FOR LEAVE BANK**

Name: _____ Employee Number: _____

I am requesting that a leave bank be established for my benefit because:

- ☐ I have a catastrophic illness or injury (that is, an illness, acute physical condition or injury which is life-threatening or incapacitating, and which reasonably requires me to be absent from work for an extended period of time).
- ☐ An immediate member of my family has a catastrophic illness or injury and it is necessary that I miss work for an extended period of time to care for this person.
- ☐ I have a serious chronic illness (that is, a disease or illness of long duration characterized by slowly progressive and serious debilitation or disability, or by serious and persistent symptoms that reasonably require me to be frequently absent from work and make periodic visits for treatment by a licensed health care provider.) I cannot avoid the need for additional sick leave benefits by making reasonable adjustments in my work schedule to accommodate this condition.

Facts that support my application for Sick Leave Assistance: *

** The Leave Bank Medical Verification form must be attached to this application in order to be considered.*

Employee's signature

Date

SUPERVISOR'S RECOMMENDATION: ☐ Recommend approval ☐ Recommend denial

Supervisor's signature

Date

TO BE COMPLETED BY EXECUTIVE DIRECTOR

This application for a leave bank has been: ☐ APPROVED ☐ NOT APPROVED

Executive Director's Signature

Date

Leave Bank Effective Date _____

DEPARTMENT OF TECHNOLOGY SERVICES LEAVE BANK DONATION REQUEST

EMPLOYEE NAME	EMPLOYEE NUMBER
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DIVISION	LOW ORG	
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I hereby donate _____ hours of annual leave
 I hereby donate _____ hours of converted sick leave
 I hereby donate _____ excess hours
 I hereby donate _____ hours of compensatory time as an FLSA non-exempt employee

To _____, an employee in the Department of _____

I grant my authorization to have this amount deducted from my leave balances. I understand that this authorization is strictly voluntary and is irrevocable and these hours will not be restored to my leave balances even if the leave is not used by the employee to whom I donated it.

I understand that I must have a balance of at least 10 days (80 hours) of annual and/or sick leave after donation.

EMPLOYEE SIGNATURE	DATE OF DONATION
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FOR AGENCY USE ONLY

 Signature of Payroll Technician deducting leave donation Date

 Signature of Payroll Technician adding leave donation Date